

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 7
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Missouri Right to Life Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00628115 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Capitol Strategies Group		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 11 / 02 / 2016</div> </div>	
Mailing Address 1301 Southwest Blvd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3385.82</div>	
City Jefferson City	State MO	Zip Code 65109	Transaction ID : SE.4140 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 31 / 2016</div> </div>
Purpose of Expenditure Newspaper Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate CLINTON, HILLARY RODHAM , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">10407.24</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee Capitol Strategies Group		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 11 / 02 / 2016</div> </div>	
Mailing Address 1301 Southwest Blvd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3385.82</div>	
City Jefferson City	State MO	Zip Code 65109	Transaction ID : SE.4141 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 31 / 2016</div> </div>
Purpose of Expenditure Newspaper Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate KANDER, JASON, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">10407.24</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6771.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Skain, Patricia, M, ,

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Date

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11 / 01 / 2016

Signature

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FOR SE OF FORM 24/48

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Capitol Strategies Group			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016		
Mailing Address 1301 Southwest Blvd			Amount 3385.83		
City Jefferson City	State MO	Zip Code 65109	Transaction ID : SE.4142		
Purpose of Expenditure Newspaper Ad		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016		
Name of Federal Candidate BLUNT, ROY, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Capitol Strategies Group			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016		
Mailing Address 1301 Southwest Blvd			Amount 3385.83		
City Jefferson City	State MO	Zip Code 65109	Transaction ID : SE.4143		
Purpose of Expenditure Newspaper Ad		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016		
Name of Federal Candidate TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6771.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Skain, Patricia, M, ,

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NAME OF COMMITTEE (In Full) Missouri Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00628115
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY / /

Full Name of Payee Kirkville Daily Express		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2016
Mailing Address 110 E McPherson St		Amount 292.50
City Kirkville	State MO	Zip Code 63501
Purpose of Expenditure Newspaper Ad	Category/Type 004	Transaction ID : SE.4145 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Name of Federal Candidate BLUNT, ROY, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 14366.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Kirkville Daily Express		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2016
Mailing Address 110 E McPherson St		Amount 292.50
City Kirkville	State MO	Zip Code 63501
Purpose of Expenditure Newspaper Ad	Category/Type 004	Transaction ID : SE.4146 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Name of Federal Candidate KANDER, JASON, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 14659.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	585.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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*Skain, Patricia, M, ,**[Electronically Filed]*

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kirkville Daily Express			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2016		
Mailing Address 110 E McPherson St			Amount 127.50		
City Kirkville	State MO	Zip Code 63501	Transaction ID : SE.4147		
Purpose of Expenditure Newspaper Ad		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016		
Name of Federal Candidate TRUMP, DONALD J., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought 14031.57			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Kirkville Daily Express			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2016		
Mailing Address 110 E McPherson St			Amount 127.50		
City Kirkville	State MO	Zip Code 63501	Transaction ID : SE.4148		
Purpose of Expenditure Newspaper Ad		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM , , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought 14159.07			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	255.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NEMO Trader		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 506 W Potter Ave # A		Amount 140.50	
City Kirkville	State MO	Zip Code 63501	Transaction ID : SE.4149
Purpose of Expenditure Newspaper Ad	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016	
Name of Federal Candidate BLUNT, ROY, , ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 13933.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee NEMO Trader		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 506 W Potter Ave # A		Amount 140.50	
City Kirkville	State MO	Zip Code 63501	Transaction ID : SE.4150
Purpose of Expenditure Newspaper Ad	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016	
Name of Federal Candidate KANDER, JASON, , ,		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 14074.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	281.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NEMO Trader		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 506 W Potter Ave # A		Amount 55.50	
City Kirkville	State MO	Zip Code 63501	Transaction ID : SE.4151
Purpose of Expenditure Newspaper Ad	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NEMO Trader		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 506 W Potter Ave # A		Amount 55.50	
City Kirkville	State MO	Zip Code 63501	Transaction ID : SE.4152
Purpose of Expenditure Newspaper Ad	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	111.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Skain, Patricia, M.,

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NAME OF COMMITTEE (In Full) Missouri Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00628115	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Red Maverick Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 403 N Second St, FL2		Amount 14042.84	
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SE.4153
Purpose of Expenditure Mailer	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016	
Name of Federal Candidate BLUNT, ROY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 28701.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Red Maverick Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 403 N Second St, FL2		Amount 14042.84	
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SE.4154
Purpose of Expenditure Mailer	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016	
Name of Federal Candidate KANDER, JASON, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 42744.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28085.68
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	42860.98

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Skain, Patricia, M, ,

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